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Date: May 26, 2004 Must Be Sent By:
To: Examiner Cristina O. Sherr Fax No: 703-872-9306
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Group Art Unit 3621
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From: Jeffrey D. Karceski Phone No: (703) 905-2110
User No: 13817 C/M No: 008312/0280186
Comments:

CERTIFICATE OF TRANSMISSION
UNDER 37 C.F.R. § 1.6(d) & § 1.8(a)

In re Application of: ANDO et al. Confirmation No.: 5555
Application No.: 09/835,822 Group Art Unit: 3621
Filed: April 17, 2001 Examiner: Cristina O. Sherr
Title: INFORMATION REPRODUCING METHOD AND INFORMATION
PROVIDING BUSINESS METHOD

I hereby certify that the attached AMENDMENT, AMENDMENT
TRANSMITTAL (with charge authorization in duplicate), COPY OF
APRIL 17, 2001 INFORMATION DISCLOSURE STATEMENT, PTO-
1449 AND 2 REFERENCES is being transmitted via facsimile to Examiner
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Attorney Ref. No.: 008312/0280186

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re PATENT APPLICATION of:
 HIDEO ANDO ET AL.

Confirmation Number: 5555

MAY 26 2004

Application No.: 09/835,822

Group Art Unit: 3621

Filed: April 17, 2001

Examiner: Cristina O. Sherr

OFFICIAL

For: INFORMATION REPRODUCING METHOD AND INFORMATION PROVIDING
 BUSINESS METHOD

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

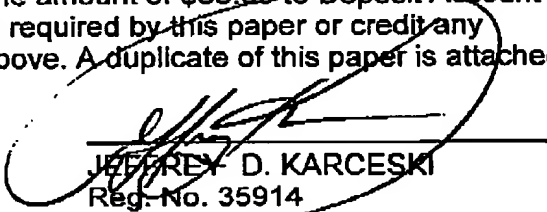
The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	10	- 20	= 0	x \$ 18.00	= \$ 0.00
INDEP.	4	- 3	= 1	x \$ 86.00	= \$ 86.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+	\$ 290.00	= \$ 0.00
TOTAL ADDITIONAL CLAIM FEE					\$ 86.00
GRAND TOTAL					\$ 86.00

FEE PAYMENT

Authorization is hereby made to charge the amount of \$86.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: May 26, 2004
 PILLSBURY WINTHROP LLP
 P.O. Box 10500
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 JEFFREY D. KARCESKI
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